

**TOWN OF FORESTPORT
SEWER DISTRICT # 1 MEETING
OTTER LAKE FIRE HALL
12445 State Rte. 28, Woodgate, N.Y. 13494
August 17, 2022 @ 6:30 PM
AGENDA**

1. CALL TO ORDER

2. TOWN CLERK MINUTES
 - Special Sewer District #1 Minutes- July 20,2022- Sent Electronically
3. ABSTRACT:
 - Abstract # 8, Voucher #57- #64 in the amount of \$5,489.96
4. SEWER REPORT:
 - Monthly Report
5. OLD BUSINESS BOARD:
 - WWIP
6. NEW BUSINESS BOARD:
7. NEW BUSINESS PUBLIC:

8. ADJOURNMENT:

Sewer

**Town Of Forestport
Oneida County
New York**

Abstract of Audited Vouchers for the period: 7/22/2022 thru 8/16/2022

Description

G/L Number: 081304.09.000.00		Treatmt/Disposal CE SEWER DIST		
Center State Propane-Sewer	S22-57	174.2gal@2.1294 propane - Sewe	#####	\$370.94
Total for G/L Account		081304.09.000.00		\$370.94
Total for all Vouchers				\$370.94
Total for Vendor: Center State Propane-Sewer				\$370.94

G/L Number: 081204.09.000.00		Sanitary Sewers CE SEWER DIST		
Daktor, Ted - Sewer	S22-58	mileage 7/22 105@.56 reg rounds	8/1/2022	\$58.80
Total for G/L Account		081204.09.000.00		\$58.80
Total for all Vouchers				\$58.80
Total for Vendor: Daktor, Ted - Sewer				\$58.80

G/L Number: 081304.09.000.00		Treatmt/Disposal CE SEWER DIST		
Forestport - Water (Sewer)	W22-59	8/22 Water bill-Sewer Plant #236	8/1/2022	\$81.50
Total for G/L Account		081304.09.000.00		\$81.50
Total for all Vouchers				\$81.50
Total for Vendor: Forestport - Water (Sewer)				\$81.50

G/L Number: 081304.09.000.00		Treatmt/Disposal CE SEWER DIST		
J Piper Consulting-Gen	S22-60	9.5hrs@65. Sewer Project	8/1/2022	\$617.50
Total for G/L Account		081304.09.000.00		\$617.50
Total for all Vouchers				\$617.50
Total for Vendor: J Piper Consulting-Gen				\$617.50

G/L Number: 081304.09.000.00		Treatmt/Disposal CE SEWER DIST		
Life Science-Sewer	S22-61	2@2. SM 5210B-2016 BOD-5 Da	#####	\$44.00

**Town Of Forestport
Oneida County
New York**

Abstract of Audited Vouchers for the period: 7/22/2022 thru 8/16/2022

Description						
Life Science-Sewer	S22-61	2@10. SM 2540 D-2015 Total Su	#####		\$20.00	
Total for G/L Account					081304.09.000.00	\$64.00
Total for all Vouchers						\$64.00
Total for Vendor: Life Science-Sewer						\$64.00
<hr/>						
G/L Number: 081304.09.000.00		Treatmt/Disposal CE SEWER DIST				
Nationalgrid - Sewer	S22-63	8/22 Lift station Dutch #57649-42	8/1/2022		\$34.96	
Nationalgrid - Sewer	S22-62	8/22 Sewer Plant #56849-42108	8/1/2022		\$150.76	
Total for G/L Account					081304.09.000.00	\$185.72
Total for all Vouchers						\$185.72
Total for Vendor: Nationalgrid - Sewer						\$185.72
<hr/>						
G/L Number: 081204.09.000.00		Sanitary Sewers CE SEWER DIST				
Rome Sentinel Co.-Sewer	S22-64	4wks@25.375 weekly ad - Sewer	8/1/2022		\$101.50	
Total for G/L Account					081204.09.000.00	\$101.50
Total for all Vouchers						\$101.50
Total for Vendor: Rome Sentinel Co.-Sewer						\$101.50
<hr/>						
G/L Number: 097106.09.000.00		Debt Service on Bond SEWER DIST				
USDA, Rural Development - S	S22-57	2022 Prin #9201 USDA loan pay	8/1/2022	\$2,584.67		12
Total for G/L Account					097106.09.000.00	\$2,584.67
<hr/>						
G/L Number: 097107.09.000.00		Interest on Debt Service SEWER DIST				
USDA, Rural Development - S	S22-57	2022 Int #9201 USDA loan paymt	8/1/2022	\$1,425.33		12
Total for G/L Account					097107.09.000.00	\$1,425.33
Total for all Vouchers						\$4,010.00

**Town Of Forestport
Oneida County
New York**

Abstract of Audited Vouchers for the period: 7/22/2022 thru 8/16/2022

Description

Total for Vendor: USDA, Rural Development - Sewer

\$4,010.00

**Town Of Forestport
Oneida County
New York**

Abstract of Audited Vouchers for the period: 7/22/2022 thru 8/16/2022

Description

Grand Total of all Vouchers \$5,489.96

I hereby certify that the vouchers listed on this abstract for this period consisting of these attached pages were audited and allowed in the amounts shown. Authorization is hereby given and direction is made to pay each of the claimants the amount opposite his name.

Authorized Official

Date

Authorized Official

Authorized Official

Authorized Official

Authorized Official

Authorized Official

Authorized Official

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
 NAME: FORESTPORT (T)
 ADDRESS: PO BOX 137
 FORESTPORT, NY 13338
 FACILITY: FORESTPORT (T) WWTP
 LOCATION: RIVER STREET
 FORESTPORT, NY 13338

NY0238756
 PERMIT NUMBER
 001-M
 DISCHARGE NUMBER
 MONITORING PERIOD
 MM/DD/YYYY
 7/1/2022

DMR Mailing ZIP CODE: 13338
 MINOR (SUBR 08)

External Outfall
 No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Temperature, water deg. centigrade			
00010 10 Effluent Gross	22.5	deg C		Five per Week	GRAB
Temperature, water deg. centigrade			
00010 G 0 Raw Sewage Influent	21.6	deg C		Five per Week	GRAB
BOD, 5-day, 20 deg. C			
00310 10 Effluent Gross			
BOD, 5-day, 20 deg. C	0.2	9	.....	.....	
00310 G 0 Raw Sewage Influent			
pH			
00400 10 Effluent Gross			
pH			
00400 G 0 Raw Sewage Influent			
Solids, total suspended			
00530 10 Effluent Gross			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the quality and accuracy of the information submitted. Based on my knowledge and belief, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 TELEPHONE
 DATE
 AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SEE PERMIT FOOTNOTES REGARDING VISUAL OBSERVATIONS OF EFFLUENT QUALITY ON SATURDAYS AND SUNDAYS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if NAME: FORESTPORT (T)
 ADDRESS: PO BOX 137
 FORESTPORT, NY 13338
 FACILITY: FORESTPORT (T) WWTP
 LOCATION: RIVER STREET
 FORESTPORT, NY 13338

NY0236756	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2022	7/31/2022

DMR Mailing ZIP CODE: 13338
 MINOR (SUBR 06)

External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS			
Solids, total suspended			
00530 G O Raw Sewage Influent Solids, settleable	92	mg/L		Monthly	GRAB
00545 1 O Effluent Gross Solids, settleable	<0.1	Req. Mon. 7 DA AVG			
00545 G O Raw Sewage Influent Flow, in conduit or thru treatment plant	60.0	Req. Mon. DAILY MX		Five per Week	GRAB
50050 G O Raw Sewage Influent BOD, 5-day, percent removal	Req. Mon. DAILY MX		Five per Week	GRAB
81010 K O Percent Removal Solids, suspended percent removal	99%	.....	.....		Continuous	Recorder (auto)
81011 K O Percent Removal	85 MN % RMV	.....	.....		Monthly	CALCTD
	96%	.....	.....		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SEE PERMIT FOOTNOTES REGARDING VISUAL OBSERVATIONS OF EFFLUENT QUALITY ON SATURDAYS AND SUNDAYS.

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF July, 2022.

FACILITY OWNER

FACILITY LOCATION

FACILITY NAME

NY-SPDES # 0236756

Day	Date	DAILY PRECIPITATION		VOLUME OF WASTEWATER TREATED		TEMPERATURE (C/F)		pH (S.U.)		SETTLABLE SOLIDS (ml/l)		B.O.D. (mg/l)		SUSPENDED SOLIDS (mg/l)		
		Inst. Max	Daily Ave.	Inst. Min.	MGD	Influent (2)	Effluent (2)	Influent Minimum	Effluent Minimum	Influent Maximum	Effluent Maximum	Influent Type	Effluent Type	Influent Type	Effluent Type	
F	1	0	7.40A	5329		17.1	19.6	7.28	6.07	38.0	<0.1					
S	2															
S	3															
M	4	14mm	510A	18526		17.6	19.6	6.92	6.37	42.0	<0.1					
T	5	0	537A	6478		17.2	20.0	7.05	6.28	38.0	<0.1					
W	6	16mm	4741A	5610		17.2	20.0	6.78	6.23	60.0	<0.1					
T	7	0	406A	5018		17.5	19.6	6.76	6.31	58.0	<0.1	800	<4	92	<4	
F	8	0	5107A	5661		17.3	19.9	6.93	6.26	26.0	<0.1					
S	9															
S	10															
M	11	0	412A	16422		17.8	19.4	6.57	6.27	28.0	<0.1					
T	12	2mm	5152A	5450		18.6	20.6	6.89	6.48	44.0	<0.1					
W	13	4mm	5150A	5779		18.5	20.3	6.83	6.66	56.0	<0.1					
T	14	0	5101A	6245		19.6	20.5	7.27	6.47	32.0	<0.1					
F	15	0	5152A	5029		18.0	20.3	6.62	6.37	18.0	<0.1					
S	16															
S	17															
M	18	6mm	6118A	16918		19.0	20.8	6.93	6.49	56.0	<0.1					
T	19	16mm	505A	5724		19.6	21.5	7.02	6.52	26.0	<0.1					
W	20	0	5151A	5897		19.5	21.4	6.86	6.34	28.0	<0.1					
T	21	0	452A	5733		20.1	22.1	6.64	6.22	14.0	<0.1					
F	22	4mm	4156A	5473		20.4	21.8	6.93	6.47	36.0	<0.1					
S	23															
S	24															
M	25	28mm	6147A	21558		21.6	22.5	7.37	6.25	24.0	<0.1					
T	26	0	5139A	5730		20.0	21.5	6.72	6.49	36.0	<0.1					
W	27	0	5138A	5465		19.3	21.2	6.97	6.34	42.0	<0.1					
T	28	0	5144A	4855		19.5	21.0	6.80	6.48	32.0	<0.1					
F	29	22mm	5138A	5537		19.7	21.4	6.82	6.38	22.0	<0.1					
S	30		5120A	6504												
S	31		505A	5722												
Total		Precip	Monthly Average		Monthly Average		Monthly Average		Monthly Average		Monthly Maximum		30 Day Average		30 Day Arithmetic Mean (1)	
		117mm	1,006		18.8°		6.57		7.39		6.66		60.0		800 <4 99%	
					20.7°		6.07		6.66		60.0		0.2		92 <4 96%	
											0.2		0.2		lbs/day	

(1) Refer to February 2002 edition of DMR Manual for Completing the Discharge Monitoring Report for the State Pollutant Discharge Elimination System (SPDES) for procedures to calculate loadings, arithmetic mean, geometric mean, maximum, minimum, percent removal, etc.

(2) If temperature is measured more than once a day, report the average for day.

(3) List parameter names in these fields as necessary for multiple outfalls and additional parameters. Make additional sheets if necessary.

NOTE: Refer to current SPDES permit for specific monitoring requirements. Sample type for temperature, pH and settleable solids is grab.

FACILITY MAILING ADDRESS (Street, City, State, Zip Code)		TELEPHONE NUMBER ()		CHIEF OPERATOR'S NAME		CERTIFICATION GRADE		
Day	Date	TOTAL PHOSPHORUS(mg/l)		CHLORINE RESIDUAL		FECAL COLIFORM		REMARKS Enter any other comments, observations, operating problems, equipment failure, etc.
		Influent Type	Effluent Type	Minimum	Maximum	MF or MPN/100 ml	Effluent	
1								
2								R clean baskets
3								
4								
5								R clean baskets
6								R clean baskets
7								R clean baskets
8								R clean baskets
9								R OPEN 3+4 close 1+2 Beds Same as Samples
10								R clean baskets
11								
12								R clean baskets
13								R clean baskets
14								R clean baskets
15								R clean baskets
16								R clean baskets
17								
18								
19								R clean baskets
20								R clean baskets
21								R clean baskets
22								R clean baskets
23								R clean baskets
24								
25								
26								R clean baskets
27								R clean baskets
28								R clean baskets
29								R clean baskets
30								R clean baskets
31								R clean baskets
		30 day arithmetic mean (1)		Monthly		30 day Geometric Mean (1)		
		Influent(mg/l) Effluent(mg/l)		Minimum (1) Maximum (1)				ADDITIONS
		lbs/day						

(1) Refer to February 2002 edition of DMR Manual for Completing the Discharge Monitoring Report for the State Pollutant Discharge Elimination System (SPDES) for procedures to calculate loadings, arithmetic mean, geometric mean, maximum, minimum, percent removal, etc.
 NOTE: Refer to current SPDES permit for specific monitoring requirements. Sample type for chlorine residual and fecal coliform is grab.

		FIXED MEDIA PROCESS CONTROL				ACTIVATED SLUDGE PROCESS CONTROL						
Day	Date	Sample Type:		Sample Type:		Recirculation Rate M.G.D.	Media Effluent Settleable Solids m/l	Mixed Liquor S.S. (MLSS) mg/l	Settleable Sludge Volume (SSV) ml/l		Return Act. Sludge (RAS) M.G.D.	Waste Act. Sludge (WAS) lbs/day
		Influent	Effluent	Influent	Effluent				5 Minutes	30 Minutes		
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
30 day arithmetic mean (1)												
30 day Ave. Quantity Loading (1)												

(1) Refer to February 2002 edition of DMR Manual for Completing the Discharge Monitoring Report for the State Pollutant Discharge Elimination System (SPDES) for procedures to calculate loadings, arithmetic mean, geometric mean, maximum, minimum, percent removal, etc.

DATE	STATION	PARAMETER	RESULT

Name and amount of chemicals used in treatment process during month:

a. Chlorine	lbs.
b.	lbs.
c.	lbs.
d.	lbs.
e.	lbs.
f.	lbs.

Sludge removal from plant:

a. Amount	cu.yds
b. Solid Content	%
c. Volatile Solids Content	%
d. Disposal Site	

Amount of electrical power consumed:

a. Commercial	kilowatt hours
b. Stand-by	kilowatt hours

Other Solid Wastes

a. Screenings	cubic feet
b. Grit	cubic feet
c. Ashes	tons
d.	
e.	
f.	
g. Disposal Site	
h. Digester Gas Wasted	cubic feet

Amount of fuel consumed:

a. Natural Gas	cubic feet
b. Oil	gallons
c. Gasoline	gallons
d. Coal	tons
e. Digester Gas	cubic feet
f. Propane	gallons

TRUCKED WASTE RECEIVED THIS MONTH

1. Septage, holding tank waste and portable toilet waste	Total	Max day
Volume (gallons)		
2. All other wastes	Total	Max day
Volume (gallons)		
3. Number of Part 364 haulers currently approved to transport wastes to this POTW		
a. Septage, etc.		
b. All others		

Labor Expended:

POSITION NAME	NUMBER FULL TIME	NUMBER PART TIME	TOTAL HOURS

I certify under penalty of the law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Led Dakton
 Signature of Principal Executive Officer or Authorized Agent

8/5/2002
 Date

